AO435 (Rev. 04/18; WDVA Rev. 11/19)	ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS **TRANSCRIPT ORDER FORM**	**FOR COURT USE ONLY** **DUE DATE:**

Please Read Instructions on Page 2.

1. **REQUESTOR'S INFORMATION:**	NAME David Yerushalmi	TELEPHONE NUMBER (646) 262-0500
DATE OF REQUEST 5/30/2024	EMAIL ADDRESS (*Transcript will be emailed to this address.*) dyerushalmi@americanfreedomlawcenter.org	
MAILING ADDRESS 2020 Pennsylvania Avenue NW, Suite 189		CITY, STATE, ZIP CODE Washington, D.C. 20006

2. **TRANSCRIPT REQUESTED:**	NAME OF COURT REPORTER Sindie Bragg OR CHECK HERE [ ] IF HEARING WAS RECORDED BY FTR

CASE NUMBER 3:22cv00049	CASE NAME Baby Doe, et al., v. Joshua Mast, et al.	JUDGE'S NAME Hon. Norman Moon
DATE(S) OF PROCEEDING(S) 5/29/2024	TYPE OF PROCEEDING(S) Hearing	LOCATION OF PROCEEDING Courthouse-Charlottesville

REQUEST IS FOR: (*Select one*)   [✓]   FULL PROCEEDING   OR   [ ]   SPECIFIC PORTION(S) (*Must specify below*)

SPECIFIC PORTION(S) REQUESTED (*If applicable*):

3. **SERVICE TURNAROUND CATEGORY REQUESTED:**
(*See Page 2 for descriptions of each service turnaround category.*)

[ ] Ordinary (30-Day)	[ ] Daily
[ ] 14-Day	[ ] Hourly
[X] Expedited (7-Day)	[ ] RealTime
[ ] 3-Day	

4. **CERTIFICATION:**   By signing below, I certify that I will pay all charges (deposit plus additional).
DATE 5/30/2024	SIGNATURE /s/ David Yerushalmi

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to CRC@vawd.uscourts.gov.

Transcript Fee Rates can be found on our website under Standing Orders or by clicking here.

NOTE: Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.